

**Emergency Telephone Service Committee  
REGISTRATION FOR ACT 32 OF 1986 FUNDING  
PRIMARY PUBLIC SAFETY ANSWERING POINT  
DISPATCHER TRAINING DISTRIBUTION**

**INSTRUCTIONS (08/19/03)**

Read these instructions carefully before completing the form. The form shall be typewritten. Complete all sections of the form. If necessary, enter "none" or "zero" where applicable. Be sure to attach accompanying documentation as required. Missing or incomplete documentation will delay, or prevent, processing of your registration.

Annual Registration.

An annual registration is required for participation in the Dispatcher Training Distribution. This registration is for the 2004 distribution year, the calendar year during which the registration is processed and funds are released.

Form Completion.

1. **Primary PSAP Name:** Enter the name of the Primary Public Safety Answering Point (PSAP) registering for the Distribution. The Primary PSAP must be identified in the county's final 9-1-1 plan.
- 2a. **Mailing Address:** Enter the complete mailing address for the Primary PSAP.
- 2b. **Remittance Address:** Enter the complete mailing address where the distribution (check) should be sent. If your local government unit is already receiving electronic payments from the state of Michigan, instead of paper checks, then enter "N/A."
3. **Federal ID Number:** Enter the Primary PSAP's federal employer identification number.
4. **ORI Number:** Enter the Primary PSAP's Originating Agency Number as assigned by LEIN.
5. **County Identifying This Primary PSAP within Its 9-1-1 Plan:** Enter the name of the county in whose 9-1-1 plan your dispatch center is identified as the primary PSAP.

**"Eligible Employee" means a person employed by a primary public safety answering point (PSAP), who is: (1) a call taker/dispatcher, with responsibility for processing 9-1-1 calls (wire or wireless); (2) a dispatch supervisor of personnel who are responsible for processing 9-1-1 calls; (3) the director (the person directly responsible for the management of the primary PSAP); and (4) an assistant director or operations manager (an assistant to the director with responsibility for the day-to-day operations of the primary PSAP).**

**Instructions for Eligible Employee Worksheet (Form ETSC-101W):**

- a. **Name:** Enter the name of the eligible employee assigned to the 9-1-1 function.
- b. **Social Security Number:** Social Security Number of the listed eligible employee.
- c. **Job Title:** Enter the job title assigned to the listed employee. For example, this could include any of the following: Director, Assistant Director, Supervisor, Dispatcher/Telecommunicator when they are assigned to perform 9-1-1 functions on a full or part-time basis.

- d. **Full/Part-Time:** F = Assigned to 9-1-1 function Full-Time  
P = Part-Time assigned to the 9-1-1 function on a part-time basis.

Hours not directly related to the 9-1-1 function shall not be counted toward full or part-time hours.

- e. **Paid Hours:** This is the total number of regular hours paid for the 9-1-1 function and does not include overtime hours.
- f. **Individuals who are eligible to be counted as a FTE MCOLES officer under the provisions of section 3(a) of Public Act 302, of 1982, as amended, being MCL 18.423(2), are not eligible for inclusion in the count toward the FTE count for participation by the eligible PSAP in the training fund distribution of Section 409 of Public Act 32 of 1986, as amended; being MCL 484.1409(1)(d).**

6. **Total Number of Regular Paid Hours:** Enter the total number of regular paid hours by all eligible employees assigned to your PSAP during 2003 from the ETSC-101W Worksheet into Box 6 on the ETSC-101 form.
7. **Full-Time Equivalents (FTEs):** Calculate the number of FTE eligible employees by dividing the total number of paid full time and part-time hours worked (item 6) by 2,080.

Example: Total Number of Regular Hours  
Worked = 4,600

4,600 divided by 2,080 = 2.2 FTEs

This registration must be signed and dated by the Chief Administrative Officer, the Primary PSAP Administrator, and the Chief Financial Officer before it will be considered for funding. These signatures must be **three separate individuals**. By signature, these authorized officials certify that the information provided is accurate.

8. **Chief Administrative Officer:** Enter the name, title, complete mailing address, and telephone number of the chief administrative officer responsible for oversight of the applicant Primary PSAP (e.g. mayor, chair of the board of commissioners, city manager, village president, township supervisor, police chief, sheriff, or chair of the authority board). The chief administrative officer cannot be the PSAP administrator or the financial officer.
9. **Primary PSAP Administrator:** Enter the name, title, complete mailing address, e-mail address, and telephone number of the Primary PSAP administrator. The Primary PSAP administrator cannot be the chief administrative officer or the chief financial officer.
10. **Chief Financial Officer:** Enter the name, title, complete mailing address, and telephone number of the person responsible for fiscal accounting of the Primary PSAP identified in item 1, above. The chief financial officer cannot be the chief administrative officer or the Primary PSAP administrator.

Submission.

**The completed registration mailing (Forms ETSC-101 and ETSC-101W) must be postmarked on or before Friday, February 13, 2004.** Registrations postmarked after this date will not comply with the deadline requirements, thereby making the PSAP ineligible for funding in 2004. Facsimile copies will not be accepted.

Mail the completed registration to:

**Emergency Telephone Service Committee  
714 South Harrison Road  
East Lansing, MI 48823**